## **STATEMENT OF**

FORM 1	ORGANIZATI (See instructions)	ON	Office use only
1. NAME OF COMMITTEE (in	(Check if name E full) is changed) o	Example: If typying, type over the lines	12FE4M5
DAN LIPINSKI	FOR CONGRESS		
ADDRESS (number and	P.O. BOX 520		
(Check if address x is changed)	WESTERN SPRINGS		IL
	CITY	<b>∕</b> ▲ 5	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI  (Check if address is changed)	L ADDRESS (Please provide only one e-mail addennis@kennycpa.com	ddress)	
COMMITTEE'S WEB  (Check if address is changed)	PAGE ADDRESS (URL)  danlipinskiforcongressco	ommittee.com	<u> </u>
<ul> <li>2. DATE M N N N N N N N N N N N N N N N N N N</li></ul>	TION NUMBER C C	X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge Treasurer Michael McLaughlin	e and belief it is true, correct and	complete
Signature of Treasurer	Electronically Filed by Michael McLau	<b>ughlin</b> D	trate 08 / 03 / YYYYYY
NOTE: Submission of fal	se, erroneous, or incomplete information may subje		
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530	